

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/332110

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201						
202						
203						
204						
205						
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246						
247						
248						
249						
250						
TOTAL IND.	1					
TOTAL DEP.	179					
TOTAL CLAIMS	180					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
251						
252						
253						
254						
255						
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296						
297						
298						
299						
00						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
301		/				
302		/				
303		/				
304		/				
305		/				
306		/				
307		/				
308		/				
309		/				
310		/				
311		/				
312		/				
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334		/				
335		/				
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340		/				
341		/				
342		/				
343		/				
344		/				
345		/				
346		/				
347		/				
348		/				
349		/				
350		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
351		/				
352		/				
353		/				
354		/				
355		/				
356		/				
357		/				
358		/				
359		/				
360		/				
361		/				
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375		/				
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395		/				
396		/				
397		/				
398		/				
399		/				
400		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						